

**Testimony for  
WHCOA Solutions Forum:**

**“Geriatrics and Gerontology Education: A Solution for Quality Care”  
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First of all, I would like to thank Speaker Kyker and the Texas Silver-Haired Legislature for inviting me to present this testimony today. I am honored to be here and most sincerely appreciate the opportunity to speak.

Statement of the Issue and Its Relevance/Importance to Aging Well

The issue of Geriatrics and Gerontology Education as a solution for quality care means that health care practitioners cannot provide first-rate quality health care for our aging population without specific education in both how care for the elderly is different than care for younger individuals and how to provide that care. This training must extend beyond primary care practitioners to specialists as well, and beyond physicians to all health care practitioners.

A simple example illustrating the need for this training is that my own mother died from complications of osteoporotic fractures of her spine. The endocrinologist who hospitalized her treated her with narcotics for pain, causing severe constipation that resulted in a bowel blockage. Having no training in geriatrics, he did not know the three simple steps one uses to unblock a bowel in an elderly patient; he also did not know how to appropriately manage pain in the elderly with the correct combination and doses of analgesics; nor did he know the hazards of prolonged bedrest in the elderly which can lead to complete deconditioning, congestive heart failure and ultimately, untimely death as it did in my mother's case.

One cannot age well in Texas, or any state, if our health care practitioners do not know how to facilitate aging well through health promotion activities and chronic disease management that are specifically tailored to the needs of our older adults.

Recognizing that by 1993, 63% of men over 65 years of age in the U.S. would be veterans and that the then Veterans Administration (VA) would not be able to treat all of them, the VA began to address the need for training both VA and non-VA health care practitioners in geriatrics and gerontology. They began by developing Congressionally mandated Geriatric Research, Education and Clinical Centers or GRECCs beginning in the late 1970s, of which there are now about twenty, one created in Texas in 1988, followed by the nation's first geriatric

medicine and dentistry fellowships. In the early 1980s, the Bureau of Health Professions of the Health Resources and Services Administration of the USPHS, developed the Congressionally mandated Geriatric Education Centers (GECs) program. Currently, there are 41 nationwide, three of them in Texas. These programs train health care professionals of all types and at all levels of training. While together these programs have trained hundreds of thousands of health care professionals, they have not trained all of them adequately: a few hours of training does not make a practitioner a geriatrician. With a rapidly expanding elderly population and a poor practitioner to population ratio, and a shortage of geriatrics-trained academicians in every state, we will be playing catch-up indefinitely. And this doesn't even address the issue of cultural disparities in access and quality of care and the role that ethnogeriatrics training can play in redressing these disparities.

Moreover, in June, for the first time in at least 25 years, the U.S. House of Representatives Appropriations Committee did not recommend that any funds be added back into the President's proposed 2006 budget of \$0 for Title VII programs, including funding for all geriatric education programs. The House then upheld their Appropriations Committee recommendation and voted for \$0 funding for these programs. This month, the U.S. Senate Appropriations Committee recommended adding some of the funds back into the budget for Title VII programs. However, the Committee left the geriatrics education programs at \$2 million below the current level. The Senate voted to approve this funding level. So, the bill goes to the House-Senate Conference Committee with two possible outcomes: one is that they reduce the funding even more, while the best possible outcome would be that they recede to the Senate's proposed funding level, which would still leave geriatrics education programs with a \$2 million dollar cut.

### Solutions

Solutions to the shortage of geriatrics-trained health professionals begin with asking now that the House-Senate Conference Committee recede to the Senate's proposed funding level. Although this would leave a geriatrics education program cut of \$2 million dollars, at least it would not cut these urgently needed programs even more. It is important to note that as Congress is being urged to institute a drastic overhaul of Medicare and further funding cuts of Medicaid programs, continued funding of these Bureau of Health Professions undersized geriatrics education programs represents a comparatively small amount of dollars.

A multitude of additional solutions were proposed in A National Agenda for Geriatric Education: White Papers and A National Agenda for Geriatric Education: Forum Report. Both publications are the outcomes of a national forum on geriatric education hosted by the Bureau of Health Professions of HRSA. Specific recommendations are made for 1) cross-cutting issues such as increased training in managed care, long-term care, case management, ethnogeriatrics, interdisciplinary care of the elderly, and improved recruitment and retention of students from underserved or minority backgrounds; 2) increased discipline-specific geriatrics training for all levels of students in allied and associated health professions, dentistry, medicine, nursing, public health and social work; and 3) increased geriatrics education content required by health professions accreditation and licensure boards.

I will leave copies of both publications with your Speaker so you can peruse them to reach your own conclusions regarding the most urgent solutions.

I wish you luck in your WHCOA endeavors. Texas elders can be proud of your fine representation, and I personally applaud your ability to make a difference in the outcome of the Conference so that all Americans, not just Texans, can age well.

Thank you.

#### References

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Websites for the following:

AARP

[www.SAGRECC.org](http://www.SAGRECC.org)

U.S. Department of Veterans Affairs

Texas Department of Aging and Disability Services (DADS)

Center for Medicare and Medicaid Services (CMS)

Senator Kay Bailey Hutchison

[www.bhpr.hrsa.gov](http://www.bhpr.hrsa.gov)

Texas Higher Education Coordinating Board

Texas Department of Health